Department of Labor and Industry
PO Box 64221
St. Paul, MN 55164-0221
(651) 284-5030 or
1-800-342-5354 (DIAL-DLI)

Disability Status Report

Filed as required by Minn. Rules 5220.0110, subp. 7

PRINT IN INK or TYPE
Enter dates in MM/DD/YYYY format.

Reset

D S 0 1

DO NOT USE THIS SPACE

1. WID or SSN	2. DATE OF INJURY
3. EMPLOYEE NAME	
4. EMPLOYEE ADDRESS	
CITY STATE ZIP CODE	5. EMPLOYEE PHONE #

6. EMPLOYER	7. EMPLOYER CONTACT PERSON	8. PHONE #

9. INSURER/SELF-INSURER/TPA	12. TITLE OF JOB AT DATE OF INJURY	
10. INSURER ADDRESS	13. AVERAGE WEEKLY WAGE AT DATE OF INJURY	14. JOB AT DATE OF INJURY ☐ FULL TIME ☐ PART TIME
CITY STATE ZIP CODE	15. NUMBER OF DAYS OF DISABILITY	16. IS THE EMPLOYEE CURRENTLY WORKING? ☐ YES ☐ NO
11. INSURER CLAIM NUMBER	17. WILL THE DISABILITY LIKELY EXTEND BEYOND 13 WEEKS? (see instructions on back) ☐ YES ☐ NO	

18. REASON FOR FILING THE DISABILITY STATUS REPORT: **(Check A or B)**

Was a consultation requested? ☐ NO ☐ YES If yes, consultation requested by:

☐ Insurer ☐ Employer ☐ Employee on _____ (date of request)

☐ A. The employee is being referred for a rehabilitation consultation. (Insurer must send a copy of this Disability Status Report, the First Report of Injury, and the treating physician's Report of Work Ability to the QRC before the rehabilitation consultation.)

Name of QRC _____

☐ B. A waiver of the rehabilitation consultation is being requested. (An offer of suitable gainful employment signed by the date-of-injury employer and the Report of Work Ability must be attached.)

Projected return to work date _____

Name of insurer representative completing form	Phone number	Extension	Date served on employee

Distribution: Workers' Compensation Division, Employee

Instructions to Insurer

The Disability Status Report (DSR) is used to notify parties that you are either referring the injured worker for a rehabilitation consultation or requesting a waiver of the consultation. The DSR, with a Report of Work Ability (RWA), must be mailed to the injured worker and filed with the Department of Labor and Industry:

- Within 14 calendar days of knowledge that the employee's temporary total disability is likely to exceed 13 cumulative weeks; or
- Within 90 calendar days of the date of injury when the employee has not returned to work following a work injury; or
- Within 14 calendar days after receiving a request for a rehabilitation consultation, whichever is earlier; or
- Within 14 calendar days of expiration of an approved waiver of rehabilitation services.

To Refer for a Rehabilitation Consultation:

If you are referring the injured worker for a rehabilitation consultation, check Box 18A. Send a copy of the DSR form, the First Report of Injury and the treating physician's Report of Work Ability to the QRC prior to the consultation. Fill in the name of the QRC on the form and indicate which party requested the consultation. If the employee requested the consultation, fill in the date of the request.

To Request a Waiver of a Rehabilitation Consultation:

M.S. § 176.102, subd. 4 and Minn. Rules 5220.0110 and 5220.0120 provide that the commissioner may grant a waiver of a rehabilitation consultation to an otherwise qualified employee if there is documentation that the employee will return to suitable gainful employment with the date-of-injury employer within 90 calendar days after the request for waiver is filed. A waiver will not be granted unless documentation is submitted that a suitable job offer within the treating doctor's restrictions has been made.

If you are requesting a waiver, check Box 18B and attach the following documentation:

- Report of Work Ability or other medical report with the same information from the treating doctor which indicates that the employee will be released to return to work within 90 calendar days after the request for waiver is filed and specifying the employee's work restrictions in functional terms.
- Written offer of suitable gainful employment signed by the employer that is within the treating doctor's restrictions to which the employee will return within the timeframe indicated above. Include <u>one</u> of the following:
    - If the employer is offering the employee his/her date-of-injury job, any modifications of the job to accommodate the employee's restrictions must be noted.
    - If the written offer of suitable gainful employment (which does not include temporary, light-duty) is for a different job with the date-of-injury employer, the offer must include the job title, job environment, work tasks, weekly wage, physical, mental and educational demands of the job, and/or employer modifications of the job to accommodate the employee's restrictions.

Instructions to Employee

If you do not agree with the insurer's recommendation for a rehabilitation consultation or a waiver of rehabilitation consultation, you may file a Rehabilitation Request with the Department of Labor and Industry. If you have questions call the Benefit Management and Resolution Unit at 1-800-342-5354 or 651-284-5032.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI)/Voice or TDD (651) 297-4198.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.